

AMENDED IN ASSEMBLY JUNE 5, 2008
AMENDED IN ASSEMBLY MAY 13, 2008
AMENDED IN ASSEMBLY MARCH 11, 2008
AMENDED IN ASSEMBLY JUNE 11, 2007
AMENDED IN SENATE MARCH 12, 2007

SENATE BILL

No. 158

Introduced by Senator Florez

January 30, 2007

An act to repeal and add Article 3.5 (commencing with Section 1288.5) of Chapter 2 of Division 2 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 158, as amended, Florez. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, as defined. A violation of these provisions is a crime.

Existing law establishes specified licensing and certification program fees for various health facilities, including general acute care hospitals.

Existing law requires health facilities to implement various measures to protect against the spread of infection in health facilities.

Existing law establishes the Hospital Infectious Disease Control Program, which, among other things, requires the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). In that regard, the department is required, by July 1,

2007, to appoint a Health Care Associated Infection Advisory Committee, composed of specified members, to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.

Existing law also requires each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information.

This bill would repeal the above-described provisions relating to the Hospital Infectious Disease Control Program and require the department to establish a health care infection surveillance, prevention, and control program within the department, as specified. This bill would require each hospital, as defined, to pay a fee, in addition to their licensing and certification program fees, to be used to cover the costs of the program. The bill would create a Department of Public Health Licensing and Certification Health Care Infection Surveillance, Prevention, and Control Fund in the State Treasury, and would require the fees collected pursuant to the above provisions to be deposited into the fund and to be available for expenditure, upon appropriation by the Legislature, to support the operation of the program.

The bill would require the State Public Health Officer to appoint the Health Care Associated Infections Advisory Committee that would make recommendations on methods of reporting designated HAI and evaluating process measures to prevent HAI.

This bill would require the department to require hospital staffing levels, as specified, for hospital infection surveillance, prevention, and control programs, among other requirements. This bill would also require each hospital to annually submit to the department a written report, as specified, on the effectiveness of the hospital's infection surveillance, prevention, and control program.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) During the past two decades, health care associated infections
4 (HAI), especially those that are resistant to commonly used
5 antibiotics, have increased dramatically in California.

6 (2) There is currently no system within the State Department
7 of Public Health to determine the incidence or prevalence of HAI
8 or to determine if current infection prevention and control measures
9 are effective in reducing HAI.

10 (3) A significant percentage of HAI can be prevented with
11 intense programs for surveillance and the development,
12 implementation, and constant evaluation and monitoring of
13 prevention strategies.

14 (4) There is currently inadequate regulatory oversight of hospital
15 surveillance, prevention, and control programs by the department.

16 (5) The protection of patients in a general acute care hospital is
17 of paramount importance to the citizens of California.

18 (6) Existing state law requires the department to establish and
19 maintain an inspection and reporting system to ensure that general
20 acute care hospitals are in compliance with state statutes and
21 regulations. Existing law also requires general acute care hospitals
22 receiving funding from the Centers for Medicare and Medicaid
23 Services to be in compliance with the federal regulations known
24 as the “conditions of participation.”

25 (b) It is the intent of the Legislature to enact legislation to ensure
26 the occurrence of all of the following:

27 (1) The establishment of general acute care hospital infection
28 surveillance, prevention, and control programs that report
29 designated HAI internally to the infection control committee and
30 the governing body of the hospital and, *as required*, externally to
31 the department and to the National Healthcare Safety Network
32 (NHSN).

33 (2) With assistance from the State Department of Public Health,
34 the development and dissemination of current evidence-based

1 standards of infection surveillance, prevention, and control
2 practices.

3 (3) Regulatory oversight.

4 (4) General acute care hospital reports of the incidence of
5 designated HAI to the department, and as applicable, to the NHSN.

6 (5) The development and implementation by the department of
7 an Internet-based public reporting system that summarizes and
8 analyzes the incidence of HAI and the microorganisms that cause
9 these infections.

10 (6) General acute care hospital maintenance of a sanitary
11 environment and patient hygiene to avoid transmission of
12 pathogens that cause HAI.

13 SEC. 2. Article 3.5 (commencing with Section 1288.5) of
14 Chapter 2 of Division 2 of the Health and Safety Code is repealed.

15 SEC. 3. Article 3.5 (commencing with Section 1288.5) is added
16 to Chapter 2 of Division 2 of the Health and Safety Code, to read:

17

18 Article 3.5. Health Care Associated Infections

19

20 1288.5. For purposes of this article, the following definitions
21 shall apply:

22 (a) “Advisory committee” means the Health Care Associated
23 Infections Advisory Committee (HAI-AC).

24 (b) “Antibiotic-resistant microorganism” means any
25 microorganism, primarily bacteria, that are resistant to one or more
26 classes of antimicrobial agents. These microorganisms include,
27 but are not limited to, methicillin-resistant *Staphylococcus aureus*
28 (MRSA), vancomycin-resistant enterococci (VRE), *Acinetobacter*
29 spp., and certain gram negative bacteria.

30 (c) “Health care associated infection” or “HAI” means a health
31 care associated infection, defined by the federal Centers for Disease
32 Control and Prevention (CDC) as, any localized or systemic
33 condition resulting from an adverse reaction to an infectious agent
34 or its toxin that both occurs in a patient in a hospital and was found
35 not to be present or incubating in that patient at the time of
36 admission to the hospital, unless the infection was related to a
37 previous admission to the same hospital.

38 (d) “Hospital” means a general acute care hospital as defined
39 pursuant to subdivision (a) of Section 1250.

40 (e) “MRSA” means methicillin-resistant *Staphylococcus aureus*.

1 (f) “National Healthcare Safety Network” or “NHSN” means
2 the secure, Internet-based system developed by the CDC to collect
3 data related to HAI and the process measures implemented to
4 prevent these infections.

5 (g) “Professional staff” means a registered nurse, medical
6 technologist, or other salaried staff who, within two years of
7 appointment, meets the education and experience requirements
8 for certification established by the national Certification Board for
9 Infection Control and Epidemiology (CBIC), but does not include
10 a physician who is appointed or receives a stipend as the infection
11 prevention and control committee chairperson or hospital
12 epidemiologist.

13 (h) “Program” means the health care infection surveillance,
14 prevention, and control program within the department.

15 (i) “Serious disability” means a physical or mental impairment
16 that substantially limits one or more major life activities of an
17 individual, or loss of bodily function, if the impairment lasts more
18 than seven days, results in the loss of a body part, or is still present
19 or is being treated at the time of discharge.

20 (j) “VRE” means vancomycin-resistant enterococci.

21 1288.6. (a) The department shall establish a health care
22 infection surveillance, prevention, and control program pursuant
23 to this article.

24 (b) Each hospital shall pay a fee per licensed bed and per
25 licensed facility to be used to cover the costs of the program
26 established pursuant to subdivision (a). This fee shall be in addition
27 to the annual licensing and certification program fees established
28 by the Licensing and Certification Program each fiscal year.

29 (c) The Department of Public Health Licensing and Certification
30 Health Care Infection Surveillance, Prevention, and Control Fund
31 is hereby created in the State Treasury. The moneys collected in
32 accordance with this section shall be deposited into the fund and
33 shall be available for expenditure, upon appropriation by the
34 Legislature, to support the operation of the department’s health
35 care infection surveillance, prevention, and control program
36 *activities*. Notwithstanding Section 16305.7 of the Government
37 Code, any interest earned on moneys in the fund shall accrue to
38 the fund.

39 1288.7. In order to decrease the incidence of HAI, the
40 department shall do all of the following as part of the program:

1 (a) Adopt the federal regulations and interpretive guidelines as
2 the methods by which all hospitals shall be surveyed.

3 (b) Provide annual education and training to department staff
4 to effectively survey hospitals ~~and other licensed health care~~
5 ~~facilities~~ for compliance with infection surveillance and prevention
6 strategies, and regulations. As part of this training, the department
7 shall provide guidance to staff and to all ~~licensed health care~~
8 ~~facilities~~ *hospitals* on the interpretation of infection surveillance,
9 prevention, and control guidelines issued by the CDC and
10 professional organizations, including, but not limited to, the
11 HAI-AC, the Society for Healthcare Epidemiology of America,
12 and the Association for Professionals in Infection Control and
13 Epidemiology.

14 (c) Develop a statewide electronic reporting database to monitor
15 ~~increases in~~ the incidence of HAI caused by antibiotic-resistant
16 microorganisms, including, but not limited to, methicillin-resistant
17 *Staphylococcus aureus* and the incidence of specified HAI,
18 including, but not limited to, bloodstream infections, surgical site
19 infections, and ventilator associated pneumonia.

20 (d) Provide consultation and assistance to all licensed health
21 care facilities and other state agencies in the development and
22 implementation of infection surveillance, prevention, and control
23 recommendations, including recommendations to prevent the
24 transmission of health care associated pathogens.

25 (e) *Provide current Internet accessible infection prevention*
26 *materials and information to the public.*

27 ~~(e)~~

28 (f) Investigate the following:

29 (1) Clusters and outbreaks of infections.

30 (2) Infections that cause death or serious disability to patients,
31 health care workers, or visitors.

32 ~~(f)~~

33 (g) Provide sufficient laboratory capacity to support health care
34 facilities and local health departments with pathogen identification,
35 molecular epidemiology, and antimicrobial susceptibility testing
36 for the investigation of outbreaks and surveillance of unusual
37 pathogens.

38 ~~(g)~~

39 (h) Employ professional staff, consisting of four nurse
40 consultants and one nurse consultant supervisor, to provide

1 regulatory oversight—~~information~~, *written recommendations,*
2 *guidance, and* consultation related to community and health care
3 associated infections.

4 ~~(h) Annually~~

5 *(i) At least every two years* provide to the Governor, the
6 Legislature, and the Chairs of the Senate Committee on Health
7 and Assembly Committee on Health, and post on the department's
8 Internet Web site, a summary of each hospital's infection rates
9 and compliance with process measures as recommended for
10 implementation by the HAI-AC.

11 ~~(i) Annually~~

12 *(j)* report a summary to the HAI-AC of infection surveillance,
13 prevention, and control deficiencies cited during any hospital
14 survey performed by the department and the joint commission.

15 ~~(j) Annually~~

16 *(k) At least every two years* report a summary to the HAI-AC
17 of the reports submitted by hospitals pursuant to Section 1288.12.

18 ~~(k) Annually~~

19 *(l) At least every two years* perform a random, unannounced
20 survey of hospitals to validate compliance with the federal
21 "conditions of participation" established by the federal Centers
22 for Medicare and Medicaid Services and the implementation of
23 state legislation ~~regarding~~ *related to* infection control.

24 1288.8. (a) There is hereby established the Health Care
25 Associated Infections Advisory Committee (HAI-AC), to be
26 appointed by the State Public Health Officer. The HAI-AC shall
27 be advisory to the department's health care infection surveillance,
28 prevention, and control program and shall do all of the following:

29 (1) Recommend methods by which hospitals would be required
30 to report designated HAI, including those associated with
31 antibiotic-resistant microorganisms, to the NHSN, the department,
32 and the public.

33 (2) Recommend evidence-based process measures that would
34 be required to be implemented, monitored, and reported to prevent
35 the acquisition and transmission of HAI.

36 (3) Recommend methods by which health care workers,
37 including nursing staff, physicians, ancillary staff, technicians,
38 and contractors would be required to be monitored for compliance
39 with hand hygiene, hospital specific isolation practices, as well as
40 environmental and patient hygiene practices.

1 (4) Review a summary of the annual reports submitted by
2 hospitals pursuant to Section 1288.12 and make corrective action
3 recommendations to the department.

4 (5) Review and evaluate, on an ongoing basis, federal and state
5 legislation and regulations and communicate to the department
6 how infection prevention and control programs will be impacted
7 by them.

8 (6) Annually review a summary of infection surveillance,
9 prevention, and control deficiencies cited during any hospital
10 survey by the department and the joint commission.

11 (b) The advisory committee shall be composed of not more than
12 22 individuals and shall include all of the following:

13 (1) A representative from the Office of Statewide Health
14 Planning and Development.

15 (2) A representative from Medi-Cal.

16 (3) Six infection prevention and control professionals.

17 (4) Three hospital epidemiologists representing licensed acute
18 care hospitals.

19 (5) Two health care consumers at large.

20 (6) Two hospital administrators.

21 (7) The remaining committee members shall represent any of
22 the following: small rural hospitals, the insurance industry, a
23 hospital association, a medical association, Medicare, and other
24 associations deemed necessary by the State Public Health Officer.

25 (8) To accomplish the mandates of the legislation and workload
26 of the HAI-AC, the State Public Health Officer may increase the
27 number of members on the HAI-AC by temporarily allowing
28 additional infection prevention and control professionals and
29 hospital epidemiologists to serve on the HAI-AC.

30 (c) Each HAI-AC member shall have one vote. The HAI-AC
31 shall meet at least quarterly alternating the meeting places between
32 northern and southern California. The advisory committee shall
33 serve without remuneration, but shall be reimbursed for
34 travel-related expenses to include transportation, hotel, and meals
35 at the state per diem reimbursement rate.

36 1288.9. The department shall require the following staffing for
37 hospital infection surveillance, prevention, and control programs:

38 (a) Hospitals licensed for not more than 50 beds shall have a
39 minimum of 0.5 full-time equivalent (FTE) of professional staff.

1 (b) Hospitals licensed for 51-100 beds shall have a minimum
2 of 1.0 FTE of professional staff.

3 (c) Hospitals licensed for 101-200 beds shall have a minimum
4 of 2.5 FTE of which no less than 1.5 FTE shall be professional
5 staff.

6 (d) Hospitals licensed for 201-300 beds shall have a minimum
7 of 3.5 FTE of which no less than 2.0 FTE shall be professional
8 staff.

9 (e) Hospitals licensed for 301-400 beds shall have a minimum
10 of 4.5 FTE of which no less than 3.0 FTE shall be professional
11 staff.

12 (f) Hospitals licensed for 401-500 beds shall have a minimum
13 of 5.5 FTE of which no less than 4.0 FTE shall be professional
14 staff.

15 (g) Hospitals licensed for more than 500 beds shall have a
16 minimum of 6.5 FTE of which no less than 5.0 FTE shall be
17 professional staff.

18 1288.10. (a) No later than ~~April 2009, and quarterly July 2009,~~
19 *and every six months* thereafter, each hospital shall make a report
20 to the NHSN and the department, using the NHSN definitions, of
21 all central vascular catheter-related bloodstream infections and,
22 as required by the department, the process measures implemented
23 to prevent these infections.

24 (b) No later than ~~April 2009, and quarterly July 2009, and every~~
25 *six months* thereafter, each hospital shall make a report to the
26 NHSN and the department, using the NHSN definitions, *the rate*
27 of all secondary laboratory-confirmed HAI bloodstream infections
28 not related to central vascular catheters, including the identification
29 of the pathogen.

30 (c) No later than ~~September 2009, and quarterly January 2010,~~
31 *and every six months* thereafter, ~~each hospital shall make a report~~
32 ~~to the NHSN and the department of surgical site infections~~
33 ~~occurring in procedures defined by the NHSN as clean and~~
34 ~~clean-contaminated. each hospital, using NHSN definitions, shall~~
35 *report to the department the rate of infections occurring in*
36 *orthopedic, cardiac, and gastrointestinal surgical procedures*
37 *designated as clean and clean-contained. The department may*
38 *add the reporting of infections occurring in other surgical*
39 *subspecialties.*

(d) No later than ~~April 2009, and quarterly July 2009, and every~~
six months thereafter, each hospital shall make a report of all
infections described in subdivisions (a) to (c), inclusive, and of its
compliance with HAI-AC recommended process measures to the
hospital's infection control committee, the executive committee
of the medical staff, and the governing body of the hospital.

(e) No later than January 2010, the department, in consultation
with the HAI-AC, shall determine the reporting requirements for
ventilator associated pneumonia.

(f) Each hospital shall report to the department's licensing and
certification district office with jurisdiction over the hospital any
HAI or series of infections caused by any microorganisms that
cause death or serious disability to a patient, hospital personnel,
or visitor. A licensing and certification district office that receives
this report shall, within 24 hours of receipt, consult with program
staff to determine the extent and seriousness of the infection and
whether program staff expertise is necessary to the investigation.

(g) (1) No later than ~~April 2009, and quarterly July 2009, and~~
every six months thereafter, each hospital shall make a report of
data for MRSA and Clostridium difficile infections to the
department.

(2) The report required by paragraph (1) shall include the
following data:

(A) The number of patients who had a laboratory-confirmed
MRSA and Clostridium difficile infection.

(B) The total number of patient days ~~each quarter and the total~~
number of patient discharges for each reporting period.

(C) Whether the laboratory-confirmed MRSA or Clostridium
difficile infection was ordered three days or less after admission
or more than three days after admission.

(D) The number of MRSA and Clostridium difficile infections
identified three days or less after admission and the rate of MRSA
and Clostridium difficile infections *per 100 hospital discharges*
and per 1,000 patient days that occurred more than three days after
admission. The information described in this paragraph shall be
reported to the public ~~in addition to the department.~~

(3) The department may require the reporting of other
epidemiologically important microorganisms.

(4) The department shall ~~conduct an annual~~ *annually report to*
the HAI-AC an evaluation of the data reported to it pursuant to

1 paragraph (1) to determine if there is sufficient ~~statistical~~ evidence
2 that the incidence of health care associated MRSA and Clostridium
3 difficile is stable or has declined over at least four consecutive
4 reporting periods.

5 (5) No later than January 2012, the department shall reassess
6 the continued reporting of MRSA and Clostridium difficile
7 pursuant to this subdivision and recommend that the reporting
8 either be continued or discontinued.

9 (6) The department shall provide a reporting template and
10 instructions to hospitals for completion of the report required by
11 this subdivision either electronically or in written format.

12 (h) No later than April 2010, and each year thereafter, the
13 department shall make a report available to the public that
14 summarizes the incidence of all *designated* bloodstream infections
15 in each hospital, including those related to central vascular access
16 catheters, the incidence of surgical site infections in each hospital,
17 and each hospital's compliance with process measures
18 recommended for implementation by the HAI-AC.

19 (i) The NHSN reporting requirements of this section shall not
20 apply to hospitals licensed for 25 or fewer beds.

21 1288.12. (a) Each hospital shall annually submit to the
22 department a written report on the effectiveness of the hospital's
23 infection surveillance, prevention, and ~~correction~~ *control* program
24 required by Section 70739 of Title 22 of the California Code of
25 Regulations. The report shall include a year-to-year comparison
26 of all of the following:

27 (1) The number of professionals and nonprofessionals assigned
28 to the infection surveillance, prevention, and control program.

29 (2) The number of hospital discharges.

30 (3) The number of births, including births by caesarean section.

31 (4) The number of emergency department visits.

32 (5) The number of intensive care unit discharges, including,
33 when applicable, the number of neonatal intensive care unit
34 discharges.

35 (6) The number of licensed beds, including the number of special
36 care unit beds.

37 (7) The number of inpatient and, when applicable, the number
38 of outpatient surgical procedures performed.

39 (8) The total number of beds, including special care unit beds,
40 that will be added in the coming year.

1 (9) The total number of full-time equivalent staff employed by
2 the hospital.

3 (10) The percentage of all staff who received influenza
4 vaccination in the previous year and the percentage of all staff who
5 signed a written statement declining to be vaccinated.

6 (11) The percentage of all patients who received surgical
7 antibiotic prophylaxis required by the federal Centers for Medicare
8 and Medicaid Services Surgical Care Improvement Project.

9 (12) Other information as required by the department.

10 (b) The report shall be signed by the hospital's chief executive
11 officer, the chairperson of the hospital's governing body, the
12 department's lead infection control professional, and the
13 chairperson of the hospital's infection control committee.

14 (c) The department shall provide a reporting template and
15 instructions to hospitals for completion of the report.

16 1288.13. (a) Each hospital shall develop, implement, monitor,
17 and evaluate procedures for identifying patients who are colonized
18 or infected with MRSA.

19 (b) As a part of the procedures described in subdivision (a),
20 each hospital shall test every patient for MRSA, either by standard
21 culture media or other screening test, within 24 hours of admission
22 to the hospital under any of the following conditions:

23 (1) The patient has open, draining wounds or pressure ulcers.

24 (2) The patient is admitted to an intensive care unit.

25 (3) The patient is discharged from an intensive care unit more
26 than 48 hours after admission to the unit.

27 (4) The patient is receiving dialysis.

28 (5) The patient is admitted from a skilled nursing facility or
29 homeless shelter, or is homeless.

30 (6) The patient is admitted from a correctional facility.

31 (7) Any patient who develops a ~~MRSA~~ surgical site infection
32 prior to discharge or who is readmitted to ~~the same~~ a hospital with
33 evidence of a surgical site infection within 30 days of discharge.

34 ~~(e) The testing requirement in subdivision (b) shall not apply~~
35 ~~to a hospital if that hospital satisfies all of the following conditions:~~

36 ~~(1) The department determines through an appropriate analysis~~
37 ~~of reportable health care associated MRSA data described in~~
38 ~~Section 1288.10 that transmission of MRSA has declined over~~
39 ~~four consecutive reporting periods.~~

1 ~~(2) At least one survey performed by the department infection~~
2 ~~control professional that verifies that the requirements of this~~
3 ~~section and Section 1288.10 have been met.~~

4 ~~(3) The hospital has not reported a death or serious disability~~
5 ~~directly related to a MRSA clinical infection.~~

6 ~~(8) Each hospital shall quarterly conduct an HAI MRSA risk~~
7 ~~assessment. If the incidence of HAI MRSA increases, the hospital~~
8 ~~shall expand MRSA testing or screening to include those patients~~
9 ~~determined to be at risk for acquiring MRSA.~~

10 1288.14. (a) No later than July 1, 2009, ~~and every four years~~
11 ~~thereafter~~, physicians designated as the hospital epidemiologist or
12 infection surveillance, prevention, and control committee
13 chairpersons shall participate in a continuing medical education
14 (CME) training program coffered by the federal Centers for
15 Disease Control and Prevention and the Society for Healthcare
16 Epidemiologists of America, or other professional organization.
17 The CME program shall be specific to infection surveillance,
18 prevention, and control. Documentation of attendance shall be
19 placed in the physicians' credentialing file.

20 ~~(b) No later than April 2009 Beginning January 2010~~, all staff
21 and contract physicians and all other licensed independent
22 contractors, including, but not limited to, nurse practitioners and
23 physician assistants, shall be ~~trained in epidemiology of MRSA,~~
24 ~~current treatment recommendations, and methods to prevent~~
25 ~~transmission of MRSA in hospitals and in the community.~~

26 ~~(c) The hospital's infection surveillance, prevention, and control~~
27 ~~committee shall meet not less than four times each year and shall~~
28 ~~quarterly report the incidence of HAI and compliance with process~~
29 ~~measures to the executive committee of the medical staff and the~~
30 ~~governing body of the hospital. trained in methods to prevent~~
31 ~~transmission of health care associated pathogens, including, but~~
32 ~~not limited to, MRSA and Clostridium difficile in hospitals and in~~
33 ~~the community setting. Patients determined to be infected or~~
34 ~~colonized with any health care associated pathogen shall be~~
35 ~~instructed by a physician or other health care professional on~~
36 ~~methods to prevent transmission to other persons after discharge.~~

37 ~~(d)~~

38 (c) To prevent transmission of health care associated infections,
39 *beginning January 2010*, all permanent, temporary, and contractual
40 hospital employees who have contact with a patient shall be trained

1 in infection prevention and control measures, including, but not
2 limited to, hand hygiene, transmission prevention precautions and
3 other facility-specific isolation measures, patient hygiene, and
4 environmental sanitation measures. The training shall be given to
5 new employees prior to having any patient contact, annually, and
6 when new prevention measures have been adopted by the infection
7 surveillance, prevention, and control committee.

8 (e)

9 (d) Environmental services staff shall be trained and shall be
10 observed for compliance with hospital sanitation measures. The
11 training shall be given at the start of employment, ~~and annually~~
12 ~~thereafter~~, and when new prevention measures have been adopted
13 by the infection surveillance, prevention, and control committee.
14 *Cultures of the environment may be randomly obtained to*
15 *determine compliance with hospital sanitation procedures.*

16 (f)

17 (e) Nonambulatory patients and patients who require assistance
18 with bathing shall be completely bathed with either soap and water
19 or an antiseptic towelette at least daily, *and more often if their skin*
20 *becomes soiled with blood or other body fluids.*

21 ~~(g) Patient-occupied rooms, including all equipment and~~
22 ~~frequently touched surfaces,~~

23 (f) *All frequently touched equipment and surfaces in*
24 *patient-occupied rooms* shall be cleaned and disinfected daily,
25 immediately when soiled with blood or other body fluids and at
26 the time of patient transfer or discharge. Equipment and surfaces
27 in nurses' stations, utility, and medication rooms, and public areas
28 shall be cleaned and disinfected daily.

29 ~~(h) Infection control professionals shall randomly obtain cultures~~
30 ~~of the patient care environment to determine compliance with~~
31 ~~hospital sanitation procedures.~~

32 SEC. 4. No reimbursement is required by this act pursuant to
33 Section 6 of Article XIII B of the California Constitution because
34 the only costs that may be incurred by a local agency or school
35 district will be incurred because this act creates a new crime or
36 infraction, eliminates a crime or infraction, or changes the penalty
37 for a crime or infraction, within the meaning of Section 17556 of
38 the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California
2 Constitution.

O